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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John M. Kirwan et al.

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UNIVERSAL MODULAR SURGICAL APPLICATOR SYSTEMS

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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BOX PATENT APPLICATION

Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL LETTER

Sir:

Transmitted herewith are the following documents:

[X] Notification of Missing Requirements

[X] Declaration for Patent Application

[X] Petition for 2 Month Extension of Time

[X] Return Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617)720-3500, Boston, Massachusetts.

A check in the amount of \$520.00 (\$390.00 for the 2 month extension of time, \$130.00 surcharge) is enclosed. If this fee is insufficient or if additional extensions of time are necessary, please charge the balance to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

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Docket No.: F0397/7050

Date: May **9**, 2001

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Enclosed: PCT/DO/EO/917 Notice of Defective Translation Lamont Hunter
PTO-875
FORM PCT/DO/EO/905 (December 1997)

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